



Missouri Pharmacy Program – Preferred Drug List



Alzheimer's Agents (Cholinesterase Inhibitors)

Effective 05/21/2008

Preferred Agents

- Aricept® Tablets/ODT
- Exelon® Capsule/Patch/Solution
- Namenda® Tablets/Solution

Non-Preferred Agents

- Razadyne®
- Razadyne® ER
- Cognex®
- Rivastigmine Caps

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030